

# State of Louisiana

Kathleen Babineaux Blanco  
Governor

LOUISIANA RECREATIONAL AND USED MOTOR  
VEHICLE COMMISSION

John M. Torrance  
Executive Director

## EDUCATIONAL TRAINING SEMINAR REGISTRATION

(Please print or type)

Trade Name of Business \_\_\_\_\_

Ownership \_\_\_\_\_ LUMVPC License # \_\_\_\_\_

Physical Address \_\_\_\_\_  
(Street, City, Parish and Zip Code)

Mailing Address \_\_\_\_\_  
(If different from Physical Address)

Business Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Person Attending: (A separate registration form must be completed for each person attending.)

\_\_\_\_\_  
(Name and Title)

(Do not write below this line!)  
FOR OFFICE USE ONLY

Course Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate Mailed: Date \_\_\_\_\_

Certificate Number: \_\_\_\_\_